

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>091679790</i>	FILING DATE <i>9-27-00</i>
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51	
2						52	
3						53	
4						54	
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46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	/					TOTAL IND.	
TOTAL DEP.	4	↔	↔	↔	↔	TOTAL DEP.	↔
TOTAL CLAIMS	5	↔	↔	↔	↔	TOTAL CLAIMS	↔

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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